|  | ΡΔΤΕΝΤ Δ                                       | PPLICATIO                                 | N FFF DE       | Application of Docket Number  |                      |                  |         |      |                        |      |                        |                        |
|--|--|---|----------------|-------------------------------|----------------------|------------------|---------|------|------------------------|------|------------------------|------------------------|
|  | IAILIIIA                                       |   |                | 20                            | ρ9                   | 1286             |         |      |                        |      |                        |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                |                               |                      |                  |         | . EN | ITITY                  | OR   | OTHER<br>SMALL I       |                        |
| то   | TAL CLAIMS                                     |   | U              |                               |                      |                  | RAT     | E    | FEE                    |      | RATE                   | FEE                    |
| FOR  |  |   | NUMBER FILED   |                               | NUMBER EXTRA         |                  | BASIC   | FEE  | 375.00                 | OR   | BASIC FEE              | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 4 _ minus 20=  |                               | * 0                  |                  | X\$ 9   | =    | 1                      | OR   | X\$18=                 |                        |
| INDEPENDENT CLAIMS   |  |   | /_ minus 3 =   |                               | * 8                  |                  | X42     | X42= |                        | OR   | X84=                   |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT         |                               |                      |                  | 110     |      |                        |      |                        |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                |                               |                      |                  | +140    | _    |                        | OR   | +280=                  |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                |                               |                      |                  |         | \L   |                        | OR   | TOTAL                  | 25D.                   |
|  | C  | (Column 1)                                | MIENDED        | Colur)                        |                      | (Column 3) SMAL  |         | LL E | ENTITY                 | OR   | OTHER<br>SMALL         |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | RAT     | E    | ADDI-<br>TIONAL<br>FEE |      | RATE                   | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus          | **                            |                      | =                | X\$ 9   | =    |                        | OR   | X\$18=                 |                        |
|  | Independent                                    | *   | Minus          | ***                           |                      | =                | X42     | =    |                        | OR   | X84=                   |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                               |                      |                  | +140    |      |                        | OR   | +280=                  |                        |
|  |  |   |                |                               |                      |                  |         | TAL. |                        | 00   | TOTAL                  |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                |                               |                      |                  |         | EE   |                        | On   | ADDIT. FEE             |                        |
| AMENDMENT B  |  | CLAIMS                                    |                | HIGH                          | IEST                 | (Ocidinii o)     | 1       |      | ADDI-                  |      |                        | ADDI-                  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT           |                | NUM<br>PREVI<br>PAID          | OUSLY                | PRESENT<br>EXTRA | RAT     | Ε    | TIONAL<br>FEE          |      | RATE                   | TIONAL<br>FEE          |
|  | Total  | *   | Minus          | **                            |                      | =                | X\$ 9   | =    |                        | OR   | X\$18=                 |                        |
|  | Independent                                    | *   | Minus          | ***                           | 5 OL 4114            | <u> -</u>        | X42     | =    |                        | OR   | X84=                   |                        |
|  | FIRST PRESENTATION OF MULTIPLE D               |   |                | PENUEN                        | CLAIM                |                  | +140    | =    |                        | OR   | +280=                  |                        |
|  |  |   |                |                               |                      |                  | TO      | TAL  |                        | OΒ   | TOTAL                  |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                |                               |                      |                  |         | EE   | L                      | Jorr | ADDIT. FEE             |                        |
| Ī.,  |  | CLAIMS                                    |                | HIGH                          | IEST                 |                  | 1       | _    | ADDI-                  | Ì    | <u> </u>               | ADDI-                  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVI                         | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RAT     | Ε    | TIONAL<br>FEE          | i    | RATE                   | TIONAL<br>FEE          |
|  | Total  | *   | Minus          | **                            |                      | =                | X\$ 9   | =    |                        | OR   | X\$18=                 |                        |
| AME  | Independent                                    | *   | Minus          | ***                           |                      | <u> </u> =       | X42     | _    |                        | OR   | X84=                   |                        |
| Ļ  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE     | PENDEN'                       | CLAIM                |                  | +140    | =    |                        | OR   | +280=                  |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE |  |   |                |                               |                      |                  |         |      |                        |      |                        |                        |
| ***  | If the "Highest Nu                             | mber Previously Pa<br>nber Previously Pa  | aid For" IN TH | IS SPACE                      | is less tha          | an 3, enter "3." | ADDI1.1 |      | propriate bo           |      | ADDIT. FEE<br>olumn 1. |                        |